County: Columbia
DIVINE SAVIOR HEALTHCARE, INC.

P. O. BOX 387

| PORTAGE 53901 Phone: (608) 745-5900 |) | Ownership: | Nonprofit Church/Corporation |
|---|-----|-----------------------------------|------------------------------|
| Operated from 1/1 To 12/31 Days of Operation: | 365 | Highest Level License: | Skilled |
| Operate in Conjunction with Hospital? | Yes | Operate in Conjunction with CBRF? | No |
| Number of Beds Set Up and Staffed (12/31/01): | 105 | Title 18 (Medicare) Certified? | Yes |
| Total Licensed Bed Capacity (12/31/01): | 105 | Title 19 (Medicaid) Certified? | Yes |
| Number of Residents on 12/31/01: | 94 | Average Daily Census: | 97 |

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagn | osis of | Residents (12/31 | /01) | Length of Stay (12/31/01) | % |
|------------------------------------|------|-----------------------------|----------------------|------------------|---------|---------------------------|---------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | 33. 0 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | 46. 8 |
| Supp. Home Care-Household Services | | Developmental Disabilities | 0.0 | Under 65 | 5.3 | More Than 4 Years | 20. 2 |
| Day Services | No | Mental Illness (Org./Psy) | 2. 1 | 65 - 74 | 13. 8 | | |
| Respite Care | No | Mental Illness (Other) | 26 . 6 | 75 - 84 | 26. 6 | | 100. 0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0. 0 | 85 - 94 | 40. 4 | ********* | ***** |
| Adult Day Health Care | No | Para-, Quadra-, Hemi plegic | 1. 1 | 95 & 0ver | 13. 8 | Full-Time Equivalent | |
| Congregate Meals | No | Cancer | 3. 2 | ĺ | j | Nursing Staff per 100 Res | i dents |
| Home Delivered Meals | Yes | Fractures | 3. 2 | | 100. 0 | (12/31/01) | |
| Other Meals | No | Cardi ovascul ar | 20. 2 | 65 & 0ver | 94. 7 | | |
| Transportati on | No | Cerebrovascul ar | 22. 3 | | | RNs | 8. 0 |
| Referral Service | No | Di abetes | 8. 5 | Sex | % | LPNs | 10. 6 |
| Other Services | No | Respi ratory | 10.6 | | j | Nursing Assistants, | |
| Provide Day Programming for | | Other Medical Conditions | 2. 1 | Male | 25. 5 | Aides, & Orderlies | 48. 6 |
| Mentally Ill | No | | | Female | 74. 5 | | |
| Provi de Day Programming for | | | 100.0 | | j | | |
| Developmentally Disabled | No | | | | 100. 0 | | |
| ************ | **** | , ************ | ***** | , ******* | ******* | ********** | ***** |

Method of Reimbursement

| | | Medicare Title 18 | | | edicaid itle 19 | - | | 0ther | | | Pri vate Pay | ; | | amily Care | | | anaged Care | | | |
|--------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|----------------|----------------------|--------------------------|------------------|
| Level of Care | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | Total Resi - dents | % 0f 3 All |
| Int. Skilled Care | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 |
| Skilled Care | 8 | 100.0 | 292 | 66 | 100.0 | 105 | 0 | 0.0 | 0 | 20 | 100.0 | 149 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 94 | 100. 0 |
| Intermedi ate | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Di sabl ed | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Traumatic Brain In | i 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depende | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 8 | 100.0 | | 66 | 100.0 | | 0 | 0.0 | | 20 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 94 | 100.0 |

| ********** | ***** | ********* | ********* | ***** | ********* | ********** | ****** |
|--------------------------------|-------|-----------------------|---------------|---------|----------------------|----------------------------|------------|
| Admissions, Discharges, and | | Percent Distribution | of Residents' | Condi t | ions, Services | s, and Activities as of 12 | /31/01 |
| Deaths During Reporting Period | | <u> </u> | | | | | |
| 8 1 8 | | ľ | | | % Needi ng | | Total |
| Percent Admissions from: | | Activities of | % | As | sistance of | % Totally | Number of |
| Private Home/No Home Health | 4. 7 | Daily Living (ADL) | Independent | 0ne | Or Two Staff | Dependent | Resi dents |
| Private Home/With Home Health | 6. 3 | Bathi ng | 4.3 | | 41. 5 | 54. 3 | 94 |
| Other Nursing Homes | 5. 2 | Dressi ng | 6. 4 | | 50 . 0 | 43. 6 | 94 |
| Acute Care Hospitals | 77. 1 | Transferring | 6. 4 | | 44. 7 | 48. 9 | 94 |
| Psych. HospMR/DD Facilities | 0.0 | Toilet Use | 6. 4 | | 50 . 0 | 43. 6 | 94 |
| Reȟabilitation Hospitals | 0.0 | Eating | 29. 8 | | 37. 2 | 33. 0 | 94 |
| Other Locations | 6.8 | *************** | ****** | ***** | ********** | ********* | ****** |
| Total Number of Admissions | 192 | Conti nence | | % | Special Trea | tments | % |
| Percent Discharges To: | | Indwelling Or Externa | l Catheter | 3. 2 | Recei vi ng | Respiratory Care | 4. 3 |
| Private Home/No Home Health | 0.0 | Occ/Freq. Incontinent | | 64. 9 | Recei vi ng | Tracheostomy Care | 0.0 |
| Private Home/With Home Health | 13. 5 | Occ/Freq. Incontinent | of Bowel | 61.7 | Recei vi ng | Sucti oni ng | 0. 0 |
| Other Nursing Homes | 1.0 | <u>-</u> | | | Recei vi ng | Ostomy Care | 0. 0 |
| Acute Care Hospitals | 35. 9 | Mobility | | | Recei vi ng | Tube Feedi ng | 1. 1 |
| Psych. HospMR/DD Facilities | 0.0 | Physically Restrained | l | 2. 1 | Recei vi ng | Mechanically Altered Diets | s 22. 3 |
| Rehabilitation Hospitals | 0.0 | | | | | • | |
| Other Locations | 20. 3 | Skin Care | | | Other Reside | ent Characteristics | |
| Deaths | 29. 2 | With Pressure Sores | | 3. 2 | Have Advan | ce Directives | 100. 0 |
| Total Number of Discharges | | With Rashes | | 0.0 | Medi cati ons | | |
| (Including Deaths) | 192 | ĺ | | | Recei vi ng | Psychoactive Drugs | 19. 1 |
| - | | | | | _ | • | |

| | Thi s | 0ther | Hospi tal - | | Al l |
|--|----------|---------|------------------|--------|--------|
| | Facility | Based F | Based Facilities | | ilties |
| | % | % | Ratio | % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 92. 4 | 88. 1 | 1. 05 | 84. 6 | 1.09 |
| Current Residents from In-County | 71. 3 | 83. 9 | 0. 85 | 77. 0 | 0. 93 |
| Admissions from In-County, Still Residing | 9. 9 | 14. 8 | 0. 67 | 20. 8 | 0.48 |
| Admissions/Average Daily Census | 197. 9 | 202. 6 | 0. 98 | 128. 9 | 1. 54 |
| Discharges/Average Daily Census | 197. 9 | 203. 2 | 0. 97 | 130. 0 | 1. 52 |
| Discharges To Private Residence/Average Daily Census | 26. 8 | 106. 2 | 0. 25 | 52. 8 | 0.51 |
| Residents Receiving Skilled Care | 100. 0 | 92. 9 | 1. 08 | 85. 3 | 1. 17 |
| Residents Aged 65 and Older | 94. 7 | 91. 2 | 1. 04 | 87. 5 | 1. 08 |
| Title 19 (Medicaid) Funded Residents | 70. 2 | 66. 3 | 1. 06 | 68. 7 | 1. 02 |
| Private Pay Funded Residents | 21. 3 | 22. 9 | 0. 93 | 22. 0 | 0. 97 |
| Developmentally Disabled Residents | 0. 0 | 1.6 | 0.00 | 7. 6 | 0.00 |
| Mentally Ill Residents | 28. 7 | 31. 3 | 0. 92 | 33. 8 | 0.85 |
| General Medical Service Residents | 2. 1 | 20. 4 | 0. 10 | 19. 4 | 0. 11 |
| Impaired ADL (Mean)* | 67. 4 | 49. 9 | 1. 35 | 49. 3 | 1. 37 |
| Psychological Problems | 19. 1 | 53. 6 | 0. 36 | 51. 9 | 0. 37 |
| Nursing Care Required (Mean)* | 3. 9 | 7. 9 | 0. 49 | 7. 3 | 0. 53 |